

DEFENSE MANAGEMENT EDUCATION AND TRAINING PROGRAM REQUIREMENTS					REPORT CONTROL SYMBOL	
Fiscal Years _____, _____, _____, _____						
TO:			FROM:			
SUBMITTING SERVICE / AGENCY						
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DSA <input type="checkbox"/> OTHER - DOD <input type="checkbox"/> NON-DOD						
NAME OF SCHOOL						
RESIDENT / NON - RESIDENT / ON-SITE COURSES						
COURSE NUMBER	COURSE TITLE	YEARLY TOTAL	FISCAL YEAR	TOTAL		
				OFFICER	ENLISTED	CIVILIAN
			TOTAL			
			TOTAL			
			TOTAL			
			TOTAL			
			TOTAL			
			TOTAL			
			TOTAL			
			TOTAL			
			TOTAL			
			TOTAL			
GRAND TOTAL						